

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael DeFilippi

Name

(2) 410 Euclid Ave #6

Address (number and street)

Miami Beach, FL 33139

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Miami Beach City Commission, Group 4

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 30 / 2015 To 02 / 01 / 2016 Report Type: 2015-TR

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . 0

Loans \$ _____ , _____ , _____ . 0

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 982 . 07

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 982 . 07

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 3 , 860 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 3 , 860 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Michael DeFilippi

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

x Michael DeFilippi

Signature

(Type name) Michael DeFilippi

☒ Candidate ☐ Chairperson (only for PC and PTY)

x Michael DeFilippi

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Michael DeFilippi (2) I.D. Number _____

(3) Cover Period 10 / 30 / 2015 through 02 / 01 / 2016 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael DeFilippi

(2) I.D. Number _____

(3) Cover Period 10 / 30 / 2015 through 02 / 01 / 2016

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
12 / 01 / 2015	Michael DeFilippi 410 Euclid Ave #6 Miami Beach, FL 33139	Loan Reimbursement	RMB		\$982.07
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